



PART B - FEE(S) TRANSMITTAL

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26111 7590 01/13/2005

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WASHINGTON, DC 20005

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Lori Klewin	(Depositor's name)
<i>Lori Klewin</i>	(Signature)
April 13, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/482,683	01/14/2000	Alex Holtz	1752.0010001	7339

TITLE OF INVENTION: SYSTEM AND METHOD FOR REAL TIME VIDEO PRODUCTION AND DISTRIBUTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLAS S
HUYNH, BA	2179	715-723000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph S. Tripoli

2 Joseph J. Laks

3 Robert B. Levy

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thomson Licensing S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne- Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 25

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Robert B. Levy*Date 4/12/05Typed or printed name Robert B. LevyRegistration No. 28,234

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